MEDICAL AND SURGICAL REPORTER

No. 1693. PHILADELPHIA, AUGUST 10, 1889. VOL. LXI.—No. 6.

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COMMUNICATIONS.

THE FATALITY OF HEART WOUNDS.—PART II.[1]

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In the preceding portion of this paper I called attention to the facts which prove, from a statistical point of view, that wounds of the heart are not necessarily fatal, and that a large number of survivals for a considerable length of time, have occurred.

In the present article I desire to give, somewhat in detail, the results of my studies concerning this question on the lower animals. All my experiments reach conclusions directly in support of the statistics already given, and they seem sufficiently interesting to make it proper to include a number of the records here, making a few remarks on each. It is proper to state that in every case the dog—the animal used for experiment—was thoroughly anæsthetized with ether before the wound was inflicted.

Experiment No. 1. Dog; full grown; weight 10 lbs.; was stabbed on May 25, 1889, through the fourth intercostal interspace, with a long hat-pin, 6 inches in length. That the heart was entered was known by the movement transmitted to the pin head and by the depth of its insertion. No signs of discomfort followed, the animal becoming at once as lively as ever and continuing so. On June 11, the record shows him to have been in perfect health up to that date.

This experiment is of interest as showing that such an injury may be entirely without evil results.

Experiment No. 2. Dog; weight 35 lbs.; was stabbed at 2.50 P. M. with a hat-pin similar to that used in experiment No. 1. The wound was made in the fourth inter-

[1] For Part I, see MEDICAL AND SURGICAL REPORTER, June 22, 1889.

costal interspace, one and a half inches from the sternum. Forty minutes later the animal seemed entirely well and bright, the effects of the ether, which was small in amount, having been lost in the first ten minutes after the reception of the injury. The dog was now killed with chloroform, and the autopsy showed puncture of the right ventricle four millimeters from the inter-ventricular septum. The pericardium contained about one ounce of blood, and the pleural cavity about two drachms, but this latter hemorrhage was probably from a large vein which was wounded in making the autopsy.

This experiment confirms the result obtained in the first, and shows that the heart was really entered.

Experiment No. 3. Dog; weight 8½ lbs.; was stabbed at 3.10 P. M. with a large aspirating needle, the calibre of which was about two millimeters. The fourth intercostal space was selected for the point of puncture, about 1½ inches from the sternum. At 3.30 it was noted that the dog, which seemed otherwise quite well, gave a howl every few minutes, as if he were trodden on, and walked with his back somewhat humped, and with fore and hind feet close together. The next day at 10.55 A. M., it is recorded that the dog was entirely well; and 24 hours after the stabbing he was killed with chloroform. The autopsy showed no blood in the pericardium. The left ventricle was found to be punctured near the apex, the needle reaching the other side of the cavity. No cause for the howls of the day previous could be found, except puncture of an intercostal nerve.

This experiment is interesting as showing survival and tendency to recovery after a stab from a fairly large instrument.

Experiment No. 4. Dog; weight 35 lbs. (carriage-dog); was stabbed at 3.55 P. M., with the same needle as was used for dog No. 3, in the same interspace. As the needle was driven into the heart, the blood spurted, as if from an artery, out of the external opening of the needle, showing that the heart must have been entered. A few moments after the effects of the ether had passed off, the dog seemed quite well and continued entirely well for over three days. At the beginning of the fourth day he was killed with chloroform and an autopsy made. A little blood-colored serum was found in the pericardial space, amounting to about two fluid drachms. The right auricle was found to be pierced about 10 millimeters from the auriculo-ventricular septum.

This experiment is of interest from the character and survival after the wound.

Experiment No. 5. Dog; weight 30 lbs.; was stabbed at 4.10 P. M., with a small pair of dissecting scissors, in the fourth interspace, 2¼ inches from the edge of the sternum. At 5 P. M. he seemed quite well and alert, and at 5.10 P. M. he was stabbed at the same spot a second time.

After each stab the heart seemed, to the hand on the chest wall, to be very much disturbed and embarrassed, the pulsations being very small. At 6 o'clock the dog was killed with chloroform, and a post-mortem examination was made. The right ventricle, near the septum on the right side, was entered, and the scissors had then come out one-quarter of an inch further along on the same side. A small clot was in the pericardium, and some free blood, but not enough to interfere with the heart's action. The second wound penetrated the right ventricle near its centre, but did not injure the opposite wall. The clot was "stringy" and fibrinous over the double wound, but was encysted in the pericardium over the second wound. There is no reason for supposing that this animal might not have entirely recovered if he had been allowed to do so.

The increase of the size of the wounding instrument is to be noted and the absence of marked symptoms is curious, considering the double injury.

Experiment No. 6. Puppy; weight 10½ lbs. At 4.30 P. M. was stabbed with the same scissors as No. 5 in the fourth intercostal space, two inches from the sternum. About 2½ fluid drachms of blood escaped from the external wound on withdrawal of the scissors. At 6.40, he was recorded as being perfectly well to all appearances, and the same record was made on the next three days. At the beginning of the fourth day he was killed with chloroform. The autopsy showed blood in both pleural spaces. The pericardium contained one ounce of grumous blood. The wound in the heart was covered with a clot in which the fibrinous element was very marked. The situation of the puncture was at the extreme right border of the right ventricle, next to the septum, near the apex, and was about three millimeters wide. Careful inspection showed it to be filled and closed by an organized clot, so completely as to make it tight against leakage.

This experiment shows once more that

survival is possible, even after a severe wound, and that the wound may be entirely closed by a clot.

Experiment No. 7. Dog; weight 50 lbs.; was stabbed at 5.10 P. M., in the third interspace, with a scalpel, to the depth of four inches, and a second time to the depth of two inches, through the same opening in the skin. At 5.20 it is recorded that she was very much "shocked," had respirations at thirty per minute and appeared to be dying. She was then unable to move. At 6 P. M. she moved a little, and kept her head raised. The respirations were puffy and dyspnœic, and at 6.20 they numbered 40 per minute. Consciousness was complete. The next day, at 8.10 A. M., the animal was found dead five feet from where she had been placed. Rigor mortis was very marked, and she had evidently been dead some hours. The autopsy showed a large clot under the skin, the pleural cavity contained about four ounces of bloody serum, and the pericardium was partly filled, and covered by an enormous clot, the size of two hands, so that the heart was hidden. In the wall of the left ventricle there were two wounds: one not far from the apex, the other 1½ inches higher, near the septum. Both wounds entered the cavity of the ventricle. There was an ante-mortem clot present. The upper wound just grazed the opposite wall of the heart; the lower wound cut the columnæ carneæ of the opposite side.

This experiment is of great interest and value. It demonstrates two facts: first, that in some wounds of the heart death occurs as the result of simple hemorrhage, and second that pressure from clots may prevent the heart from working properly. It also shows that it is possible for an animal to move some distance after the reception of such an injury.

Experiment No. 8. Dog; weight 22 lbs.; was stabbed with a scalpel in the fourth interspace, about one inch from the sternum, at 4.35 P. M. Three minutes later the animal gasped five or six times, and was dead. The knife really gave a double stab, as it was driven in a certain distance, then a new grip was taken and it was driven in again to the depth of four inches. At 5.45 the autopsy showed the heart and its coverings to be displaced to the right beyond the median line of the body. The pericardium was filled with blood, and the clot which caused the displacement weighed nearly two pounds. Death was due to profuse hemorrhage. The heart itself was found to be punctured in the right ventricle, near the ventricular septum.

In this animal the effusion of blood was so enormous that death occurred almost at once; in other words, this is an example of sudden death from a heart wound due to hemorrhage.

Experiment No. 9. Dog; weight 6 pounds; was stabbed at 3.57 P. M. with a scalpel, in the fifth interspace, the knife being directed toward the spinal column. No symptoms followed, and at 6 P. M. he is recorded as being "all right." Twenty-four hours later he was killed with chloroform, and the autopsy showed a non-penetrating wound of the left ventricle a quarter of an inch from the apex. There was about three drachms of blood in the pericardium, and the heart wound itself, which was gaping, was completely filled with a clot. There was evidence of pericarditis.

This case shows that wounds of the heart, which are not penetrating, are not fatal, and that the question of death from hemorrhage depends entirely on the plugging of the heart wound with a clot.

Experiment No. 10. Dog; weight 9 pounds; was stabbed at 4 P. M. with a scalpel, in the fifth interspace. At 4.03 he was lying apparently dead, but was restored with a dash of cold water. At 4.05 he was lying very relaxed, with respirations at 20 per minute, and was perfectly conscious. At 4.08 he was walking around, rather weakly, and at 4.10 he vomited, probably from the ether. At 6 P. M. he seemed almost perfectly well. Forty-eight hours later he was killed with chloroform, and an examination was made. The clots in the pleural cavity filled a four ounce measure, and there was about two drachms of blood in the pericardium. Examination of the heart showed a widely gaping wound of the left ventricle, near the apex, which was penetrating, and reached the opposite wall of the ventricle, so that a hemorrhagic effusion was seen in the intramuscular tissue on the posterior surface of the heart. The posterior wound was not a penetrating wound. The wound in the anterior wall was completely closed with a firm, partly whitened clot, through which a probe would not pass, and which was completely watertight.

This is perhaps the most interesting of all my experiments, and is a direct confirmation of the case recorded by Messeri, referred to in the first half of my paper, in

which the same result was reached in man. This shows that a severe penetrating heart wound is by no means fatal.

The conclusions to be drawn from this paper are as follows:

1. There are three ways in which death may occur in cases of heart wounds: (a) By hemorrhage from the cardiac cavities; (b) By hemorrhage from the heart muscle itself; and (c) By injury to the centre which Kronecker and Schmerz have localized in the dog's heart: a spot above the lower limit of the upper third of the ventricular septum, which, when it is injured, brings the heart to a standstill. This is the so-called co-ordinating centre.

2. The lethal result of a heart wound depends largely upon the rapidity with which a hæmostatic clot is formed in the opening.

3. Heart wounds heal by the formation of hemorrhagic exudate, which plugs the leaking opening and permits repair.

4. Most important of all, we learn that cardiac wounds, however severe, are not necessarily fatal, simply because they are heart wounds. There are other causes which may bring about a fatal effect, chief among which are pericarditis, cardiac myositis and endocarditis; while a sequence even more rapid in its onset may be embolism, or heart clot. These are secondary questions which do not form part of the subject in hand.

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ALCOHOL AS A MEDICINE.[1]

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Perhaps an apology is due this intelligent audience, on this occasion, for selecting so trite and commonplace a subject with which to attempt to claim your attention. The medical portion of the assembly knows that it is expected of the retiring President to present an essay on some medical subject, suited also to the general public. In casting about in my mind for some theme for use to-night, I could find none, as I imagined, better suited to the occasion than "Alcohol as a Medicine." For years the use and abuse of alcohol has been spasmodically brought before the public eye and ear, but, in the last decade, the advocates of its non-use have begun a systematic fight against what they are pleased to term "the evil and shame of the age." For years the prohibition element was so small in numbers as not to demand notice; now, the case is different.

In this age, it is difficult to take a dispassionate, non-partisan view of any subject; we find ourselves, unconsciously, for or against most questions presenting themselves. The prohibitionist slurs at the anti-prohibitionist, and charges him with all the evils that are afflicting the present age. The anti-prohibitionist retorts, calling the prohibitionist a fanatic, and depending largely for his arguments upon the question of "personal liberty," frequently making an *argumentum ad hominem*, to attempt to carry a point. Doctors who, under any circumstances, prescribe alcohol in any of its forms, are taunted by the total abstainers as encouraging vice and drunkenness. Both sides go to extremes. "*Media via tuta est*" is too often forgotten.

If there is in this audience a prohibitionist who expects me to present statistics to prove that the use of whisky is ruinous to the human family, that one will be disappointed. If, on the other hand, there is an anti-prohibitionist who expects arguments in favor of the use of fermented liquors as a beverage, he, too, will not go away pleased. That places your President almost between the upper and nether millstone; and, if he succeeds in pleasing himself, he will be fortunate.

By alcohol, I mean all kinds of fermented and distilled preparations containing alcohol in any reasonable quantity. This will include whisky, wine, ale, beer, porter, etc. In discussing the question, I do not propose to resurrect the dead past, to drag old Noah from his grave and arraign him for drunkenness, nor to charge that our Saviour favored the use of wine as a beverage when he changed the water into wine at the marriage feast in Cana of Galilee; nor to charge Timothy with being a glutton and a wine bibber, because he used a little wine for his stomach's sake. I will not attempt to excuse old Noah for getting drunk; nor do I propose to offer any apology, in any shape, manner, or form, for drunkenness in any degree, from the taking of a single drink as a beverage, to the soaking of one's self in it to such a degree as to be not half so good as the hog that walloweth in the mire. The

[1] President's Address, read at Nashville, Tenn., April 30, 1889, before the Tennessee State Medical Society.

use of alcohol, as a beverage, cannot be defended on any part of the ground: a reasoning creature is utterly inexcusable for using it.

"Fly drunkenness, whose vile incontinence
Takes both away the reason and the sense:
Till with Circean cups the mind possest
Leaves to be man, and wholly turns a beast."

Just at this point I would add, parenthetically, that a drunken or dram-drinking doctor, is, to express it no more strongly, a mistake, if such a thing can be possible in creation, by the Almighty. Of all men for whom liquor was not made, that man is the physician, who frequently holds the life of one of God's creatures in his power; the thread of life being snapped at times by an injudicious dose of medicine dictated by a mind clouded by alcohol.

Much has been written of late years against the use of alcohol as a medicine. Extremists and fanatics have met on common ground, and leagued themselves together in an unholy crusade against it, even as a medicinal agent. The current has been so strong that, like some mighty river, it has at times carried medical men along with it in its seething floods; but, after being swept along by it for a time, one by one most of them have at last escaped its power, and have aligned themselves in favor of its use as a medicine. The medical profession is no place for a man of one idea. Sooner or later, he is left stranded and alone, of no use to himself or his neighbors. Men of independent thought have done much to advance the profession; but, when the individual judgment of one man is arrayed against that of nearly the entire profession, the verdict must, as a rule, be rendered in favor of the opinions of the great majority.

Dr. N. S. Davis, LL. D., of Chicago, in an article on "Alcoholic Liquors in the Practice of Medicine," takes a decided stand that alcohol, in all of its forms, could be advantageously banished from the Materia Medica. He undertakes to establish this fact by asking and answering these three questions:

1. "Do any of these liquids contain ingredients of value to the sick, besides the alcohol they contain, that cannot be furnished just as well from other sources?"

2. "What are the appreciable effects of alcohol on the human system, both in health and disease?"

3. "What are the conditions in sickness that it is calculated to remove?"

He answers the first question in the negative, holding that they do contain a small amount of material that can be appropriated as nourishment; but that the quantity, being so small, is practically useless.

Hear the celebrated Arctic Explorer, General Greely, upon this point, when he discusses the condition of his party whilst suffering in the frozen regions of Cape Sabine: "Later, when the party had been slowly starving for months, and when the supply of food was so diminished as to necessitate a greater reduction of rations, the pure alcohol in hand was issued as FOOD, being diluted with about three times its weight of water. Each man received, daily, perhaps a quarter of an ounce of alcohol, the effect of which was most beneficial. The general impression, with which I most heartily agreed, was that the alcohol supplemented food, and had a decided alimentary value. There could be no question of its beneficial effects, as a mental stimulus, to every member of the party under our unfortunate conditions at Sabine." Here we have Gen. Greely's *experience*, against Dr. Davis's *theory*.

Grant that the quantity is small, and that the same nutriment might be more cheaply and easily obtained elsewhere than in these liquors, yet the fact remains that there are certain conditions of the system in which nutrition in this form is more easily appropriated than in any other. The experience of one physician, or for that matter a dozen, cannot set at naught that of almost the whole medical world. If we begin an investigation determined to attain to one end only, we, by persistence, soon persuade ourselves that that conclusion has been reached, and that it alone is true.

With the effects of alcohol upon the system in health, this paper does not deal. It is outside its scope, as we propose to consider it simply as a medicinal agent. In my own opinion, whilst asserting as a fact that it does possess the power to renew brain energy when lowered by mental work, the effects of its use as a beverage in health are all bad. I am no defender of alcohol, in any form whatsoever, as a drink:

"'Tis virtue's poison, and the bane of trust,
The match of wrath, and fuel unto lust."

It has caused the ruin of thousands of the human race, but so have morphine, chloral, and arsenic; but because many have been ruined by the unwarranted use of these

agents is no reason why they should be abandoned as medicines.

Ask medical men, Dr. N. S. Davis among others, if he would be willing to put the seal of his condemnation upon opium as a medicine, and he will answer you in the negative. Yet at this day, the use of opium, in some of its many forms, is a more growing evil than the use of alcohol. The difference between the whisky debauchee and the opium habitué is but little. The latter is a more respectable vice, in that it can be followed for a longer time without the habit being discovered; yet it is drunkenness; and propose the question to a preacher, as to his opinion of the hereafter of the opium-eater and the whisky-drinker, and listen for his reply: "They are both lost." Arsenic could be condemned on the same grounds. We see but little of the vice in this country, yet it is used (eaten) to excess for the purpose of beautifying the complexion. Shall *it* be tossed overboard from our Materia Medica because it is abused? Shall cocaine, one of the greatest discoveries of this decade, be treated in the same way? This is no age for extremists. Because a valuable agent is abused, it should not be rejected. Dr. Davis denies to alcohol in disease any medicinal properties, and yet admits that it lowers temperature, but claims that that end is attained by retarding molecular changes and causing an accumulation of waste products in the system, but holds that such diminution of waste is not equivalent to the addition of so much new material through the process of digestion and assimilation.

We might grant this, and not damage our position in reference to alcohol as a medicine. In many morbid conditions these molecular changes go on too rapidly; as, for example, in fevers with a high temperature, accompanied with much nervous exhaustion. Here, if this rapid molecular change into waste material can be stayed even for a short time, we are benefiting the patient. The bugbear of fatty degenerations in such cases, and under similar circumstances, cannot amount to much.

Dr. Davis's argument would lead one to suppose that each cell which enters into the construction of the human form divine, has had fixed, foreordained from all eternity, a certain, definite period of existence, and if "by reason of strength" its life is prolonged beyond that period, dire ills would result, "as seen in the diminution of secretion, excretion, temperature, and nervous sensibility." The direct and plain deduction to draw from such an argument is that it is best to administer no medicines at all, but trust to the "vis medicatrix naturæ," which is equivalent to saying that Homœopathy is a rational system of medicine.

Another objection urged against the use of alcohol by Dr. Davis is the fact that it is eliminated unchanged from the system by means of the skin, lungs, kidneys, and other excretory organs. Admitting, for the sake of argument, that every drop of alcohol taken into the system is eliminated as above stated unchanged (which is not true), this would not be an argument at all against its use as a remedial agent.

Alcohol may and does act as a stimulant (irritant if you prefer the term) to some of the organs, especially those of digestion; *forcing* them, so to express it, to digest food taken into those organs, which, if the alcohol were absent, would be unable to do the task imposed upon them. Grant that in some cases this is done by virtue of its action as an irritant, yet in many cases it acts as does porous platinum, or electricity, when brought to bear upon nascent hydrogen and oxygen in proper proportions. We all know that these two elements could be kept together indefinitely, if the *tertium quid* were not brought to bear upon them. In the presence of platinum, or when a current of electricity is passed through these two elements properly united, they are at once converted into water. So in this way alcohol may, and often does act in aiding digestion, when the organs are weakened by disease. Dr. Davis devotes almost his whole essay to a discussion of the use of alcohol as a beverage, whilst he entitles it "Alcoholic Liquors in the Practice of Medicine." With that part of his argument against its use in any shape, manner, or form, as a beverage, we have nothing to do. The Tennessee State Medical Society stands squarely committed upon that point at its Memphis meeting in 1886, its Nashville meeting in 1887, and its meeting in 1888, where the following preamble and resolutions were adopted, and reaffirmed:

"Whereas, The use of alcoholic liquors as a beverage, and the too frequent indiscriminate prescription of them by the medical profession, leads to very great harm to the physical constitution, the mental and moral worth of the Commonwealth, and unspeakable injury to the happiness of our common community; therefore be it,"

Resolved by the Tennessee State Medical Society that we adopt the following extract, etc.:

"That if to-day no physician would advise any patient to the use of alcoholic drink, but would restrict it within the close limits of his particular prescription, the limitation would be in harmony with the present demands of therapeutic knowledge. * * * *"

"If they wish to use it under the plea of medicine, and make self prescriptions for their own gratification, they must not do it by our sanction. * * * *"

"The facts as to medicine confine it within boundaries so narrow that we must, in fealty to real science and right practice, hold it closely within its limits; wandering beyond these, it must in no wise identify us with its vagaries. * * * *"

"That as a medicine it is not well fitted for *self* prescription by the laity, and the medical profession is not accountable for such adminstration, or for the enormous evils arising therefrom."

An examination of this resolution shows that the representatives of the largest body of medical men in the State place alcohol in the list of *medicines*, and advise its use, *as a medicine*, with the same degree of circumspection that strychnia, atropia, and morphia are prescribed. Dr. Binz, at a recent Congress of German Physicians at Wiesbaden discussed at length alcohol as a remedial agent. He weighed carefully the alternating negative and affirmative views held by different practitioners on the efficacy of this agent, and showed conclusively that the weight of English authorities was in favor of the affirmative view of the case. He showed, further, that this view was strongly reinforced by original German investigators, who, as a class, held to the non-heating and "distinctly efficacious virtues of alcohol." Dr. Binz in his paper attempts to show, first, "That alcohol has a value not represented by any other agent in heart failure and lung disease;" second, "That it is a Spärmittel (economic factor) in the organism, because it is consumed therein;" and third, "That it operates as a controller of pyrexia." His positions taken, and arguments adduced, are unanswerable. He establishes the fact that on the sick bed, in certain diseases, its virtue cannot be estimated. Dr. Binz concludes that there is a large, not to say increasing, group of maladies—maladies in which idiosyncrasy was an important factor, where alcohol was absolutely demanded, and where no substitute could be found.

Now whilst commending in such strong terms alcohol as a medicinal agent, Dr. Binz holds that "in a healthy subject it is difficult to define where its abuse is not felt. In health man needs no stimulant, no artificial economizer of energy."

The ancients recognized only the medicinal virtues of alcohol, and for a long time it was known as, and called, *aqua vitæ*, "the water of life." To it were ascribed wonderful virtues. By it the dying could be restored to life, the weak made strong:

> "Now,
> As with new wine intoxicated both,
> They swim in mirth and fancy, that they feel
> Divinity within them, breeding wings
> Wherewith to skim the earth."

As men multiplied on the face of the earth, it began to be used as a beverage, and an intoxicant. So long as it was used as a medicine, its virtues were extolled by all. It no doubt was a fact that many grew sick then as now, that they might be cured by the use of it, and no doubt many a physician was of great repute with just such cases because of his readiness to prescribe alcohol for his patients. He stood high then in the estimation of such patients as had acquired fondness for *aqua vitæ*. Gradually it was more and more abused, being both pleasant to the taste, and refreshing in most cases to the inner man. As a medicine, it is only to be used to *cure*, not to *prevent* sickness. The preventive use of it is wherein the trouble lies. As opponents of the use of alcohol, Dr. Davis cites a few authorities, but proves his position *almost entirely* from his own experience. Admitting that his experience should have weight, yet when that is in conflict with the large majority of men of the highest standing as medical authorities, then it must be taken "*cum grano salis*." Everybody rarely errs, one alone being found correct. It is true that Galileo against the whole of the then scientific world contended that the earth did move, and in the end demonstrated that fact; yet in this age of investigation we have not many Galileos.

Let us now investigate some of the authorities favoring the use of alcohol as a medicine. Just upon this point, one suggestion. Much that has been written against the use of alcohol as a medicinal agent is

theoretical, and founded altogether upon its effect upon the human system in health. Such theorizing is worse than none at all. From the effect of this remedy in health, we must not draw our conclusions as to the results expected to be attained from its use in sickness, unless we accept the doctrine of "*similia similibus curantur.*" We know that in health, under the continued use of alcohol, the muscular system deteriorates, and the liver, kidneys, and other organs, suffer similar degenerations of structure; but, on the other hand, when the circulation is becoming weak, so as to be insufficient to sustain life or to tide over the effects of some disease, the beneficial effects of alcohol to stimulate the enfeebled and tired heart will almost immediately become manifest; though it may not afford any real help, so long as the power of the heart is sufficient to tide the patient over without it. But just at this point we are met with an objection that some other stimulant might be used; that digitalis, belladonna, ammonium carbonate, and a whole host of remedies might be substituted for the alcohol. It is a duty owed to the patient to give him the surest, safest, best remedy for the relief or cure of his disease, and no physician has a right to resort to substitutes, unless something imperatively demands the change. Time and again do we know digitalis fails; often and over again do we know that there are idiosyncrasies against the use of belladonna; and frequently the compounds of ammonia are rejected by the stomach almost as soon as they enter it. Such charges cannot be brought against alcohol in one case in a hundred, as compared with the other remedies. We must not substitute for alcohol a remedy, which—to put it in the strongest possible terms—*may probably* answer as well. We must *know* that it will meet as many indications in the case as are met by alcohol. It is a duty we owe our patients to give them those medicines best suited to their morbid conditions. The fact that a man who is sick nigh unto death, *may* at some day in the distant future fill a drunkard's grave, if saved from impending death by alcohol, will not justify us as physicians in withholding the remedy. We owe it to the patient to cure him of his disease, if possible; and he owes it to the world to lead a sober life, avoiding the use of all alcoholic drinks as beverages. The world is too fond of attaching blame to physicians for Mr. A. or B.'s using whisky or morphine, whilst the blame should rest on the man alone.

But enough generalizing. I have stated that Dr. Davis, and perhaps a few others, condemn *in toto* the use of alcohol. Let us begin to examine the array of talent, of great men in medicine, who take the opposite view of the case. Scarce a medical book of any note can be picked up and read, which does not hold that in reference to some disease, or diseases, alcohol is indispensable.

The objections to the use of alcohol, urged by many, dwindle into insignificance, when compared with some of the facts set forth in the able paper read by Dr. Flint before the International Medical Congress. In referring to alcohol as a medicine he says: "In the introduction of hydrocarbons, which are important factors in the production of animal heat, alcohol presents a form of hydrocarbon which is promptly oxidized, and in which absorption can take place without preparation by digestion."

"Precisely in so far as it is oxidized in the body, alcohol furnishes matter which is consumed in the excessive production of heat, and saves degeneration and destruction of tissue."

"As the oxidation of alcohol necessarily involves the formation of water, and limits the destruction of tissue, its action in fever tends to restore the normal processes of heat reduction, in which the formation of water plays an important part."

He further calls attention to its great value in diabetes, in which he has employed it on theoretical grounds, but with practical advantage.

Prof. Dettweiler, of Falkenstein, is still more emphatic in regard to the use of alcohol as a medicine. Listen to the position he takes:

"I would give one-half of the Materia Medica for this one remedy, and I affirm that the use of alcohol is of the greatest value, not only in cases of phthisis, but in all diseases when the general system is deranged. I should be the least willing to abandon the use of alcohol in fever, the most powerful enemy to the phthisical patient. After numerous trials and experiments with a large variety of remedies, I will say freely that I would rather dispense with the use of salicylic acid, quinine, antipyrin, etc., than with good wine or brandy."

Dr. Murchison, writing on fevers, ad-

vocates the use of alcohol in their treatment, especially in those of a typhoid, or typhus type. He holds to a fact which we will all readily admit, that there are cases of these fevers in which alcohol is not demanded, and that in the majority of cases of these fevers it is rarely needed before the expiration of the first week; then alcohol is needed as a rule, and in just such quantities as may be indicated by the organs of circulation. For a soft compressible pulse, especially if irregular, it is needed more often, and in larger quantities, than when the pulse is more rapid. He holds also, that alcohol must be prescribed in a quantity within the power of the organism to dispose of by oxidation.

Sir Wm. Jenner lays down a rule as to the quantity to be given upon this general principle: that when in doubt as to giving a small or a large quantity, always administer the small portion. This, however, is the opposite of the rule laid down by Prof. A. Jacobi in treating diphtheria, where he says the danger lies in giving too little, rather than too much. Between these two extremes, there is a safe mean.

According to Prof. Bartholow, alcohol "is serviceable in those disorders where it lessens the pulse rate, but increases the contractile power of the heart, and elevates arterial tension. It does harm where the pulse becomes more rapid, and the blood pressure is lowered by it. It does good when the tongue, before dry, becomes moistened; and harm, when the dryness is increased. It does good when the temperature is reduced, the delirium and subsultus lessened, and sleep more continuous and refreshing; and does harm when it increases fever, exaggerates delirium, and induces coma-vigil. It furnishes material easily oxidizable, which can be applied as nervous, muscular, and gland force. Furthermore, it stimulates digestion, and enables more food to be taken and disposed of, and thus contributes indirectly to the maintenance of the powers of life."

Dr. Bemiss, in Pepper's System of Medicine, takes the following decided stand: "But it is important that alcohol be added in all those cases of pernicious malarial fever, whatever the type may be, where cardiac stimulation, and improvement of nutrition, are leading indications." "I am sure I have often derived benefit from enemas consisting of four ounces of well prepared beef essence, with half an ounce of whisky or brandy, or half an ounce of a strong infusion of coffee." He further recommends it highly in cases of anthrax.

Prof. Alfred Stillé, in referring to the treatment of epidemic meningitis, holds that in no disease, except in typhus fever, is the judicious administration of stimulants more important. He cautions against the too free use of them, and states that the German and French physicians do not use them so freely. The same rule holds good there that does in all other cases. Asthenic cases need them more freely than those of a sthenic type. "It is a cordial to be held in reserve to meet those signs of failure of the heart, and nervous system, which may arise in all acute diseases, attended with changes in the blood."

According to James C. Wilson, M. D., in cases of influenza, wine, spirits, and milk punch are to be used as the occasion requires. Women, and others unaccustomed to the use of wine and brandy, often take either with striking benefit, without flushing, or otherwise disagreeing.

Prof. W. T. Lusk says of alcohol, as an adjuvant in the treatment of puerperal fever, that its use is indicated in *all* cases. It stimulates the heart, retards tissue waste, and is of itself an antipyretic of no mean value.

In pyæmia and septicæmia, it is most strongly recommended on account of its well-known antiseptic properties.

Prof. J. Lewis Smith, treating of diseases of children, holds that alcohol, in whatever form, is a most useful remedy in scarlet fever, and "is indeed indispensable in all grave cases attended by feeble capillary circulation, and evidences of prostration." "In scarlet fever, as well as diphtheria, comparatively large doses are required; a teaspoonful of the stimulant every hour, for a child of five years." In typhoid fever it is to be used with sound judgment and discretion; so also in typhus fever, when the first sound of the heart is absent or indistinct, but even then with moderation and tentatively.

Prof. Fordyce Barker, referring to alcoholic stimulants in cases of pyæmia, says: "These should be given as freely as the patient can be induced to take them. The tolerance of alcoholic stimulants in pyæmic patients is very remarkable. It seems quite impossible to intoxicate them." "One delicate lady, who had never been accustomed to the use of wine, but who had

pyæmic pneumonia, abscess in both breasts, and abscess in the calf of the left leg, * * * took in four days five bottles of brandy, and two and a half drachms of quinine." (The patient, not the nurse, drank the brandy, because it was very reluctantly given by a teetotal mother.) He adds further: "I have never known a single instance where a patient has acquired a dangerous taste for stimulants by their use in the treatment of an *acute* disease. Generally, it is difficult to get patients to take a sufficient quantity."

My own experience with alcohol in cases of pyæmia is in exact accord with that of Dr. Barker, as to the necessity for it, the quantity needed, and the tolerance of it. In one patient, suffering from neuralgia which arose during a pyæmic condition, a quart of whisky was taken within less than two hours without any ill effect, and with slight amelioration of the neuralgic pain, not the least intoxication supervening, even after the pain was completely lulled by a hypodermic dose of morphia.

Prof. Barker, in impressing the importance of the use of alcohol in puerperal fever, says that the quantity required will vary in different cases, and will call for sound judgment; and that the good effects of the stimulants will be seen in the decrease in frequency, and increase in force of the pulse, with a reduction in temperature, and subsidence of delirium. Some cases will require half an ounce, or an ounce, of whisky or brandy every four or six hours, whilst others will need as much or more every hour.

Prof. Alfred L. Loomis, in his lecture upon acute pneumonitis, takes the strong ground that properly employed alcoholic stimulants are the most efficient means which we possess for sustaining a flagging heart, tiding over a crisis, as it were.

I might go on thus, citing from authorities without number, quoting from the most eminent writers of the present day, shining lights in the medical profession, all holding to the tenets shown already. Surgical authorities could be adduced in support of the use of alcohol in shocks of all kinds, whether arising from injuries or capital operations; but I am sure that this is not needed to establish my position in reference to the use of alcohol as a medicine.

On the one side, opposing the use of alcohol in any form, stand a few medical men; on the other side, favoring its judicious use, we find at least nine-tenths of all the medical practitioners who have attained any eminence in their profession. Simple anathemas hurled against the *discriminate* use of alcohol cannot be accepted as arguments against its use. It is no argument against the use of alcohol to assert that most of it is eliminated unchanged from the system. We know that some of it is appropriated; that it answers a double purpose in the human economy, stimulating organs enfeebled by disease to digest and appropriate other food; and that a portion of itself is converted into food. Some of our best authorities contend that alcohol, when taken as a medicine, is converted by an oxidizing process into aldehyde and acetic acid first, and ultimately separates into carbonic acid and water. In this way alcohol supplies a want which would otherwise have to be satisfied by the fats of the economy, the sugar and the starches, and therefore takes the place of food.

As well in our fanaticism banish from the Materia Medica opium in all its forms, arsenic, quinine, and strychnine, four of our most valuable therapeutic agents, as to say that alcohol should not be used, because some people get drunk on it.

FOREIGN BODIES IN THE STOMACH.

BY H. F. STEVES, M. D.,
BIRMINGHAM, ALA.

On June 19, 1889, I was called to see Mrs. J. J. M., æt. 42, the mother of eight children. She complained of pain in the epigastric and right hypochondriac region, constant nausea, occasional vomiting, anorexia, constipation, and general malaise. These symptoms continued until July 6. I saw her a few times between the above dates, but she was always sitting up. July 6, I asked her consent to examine her, which she gave. I found a tumor in the abdominal cavity. Dr. J. D. S. Davis was then called in. We decided to operate, and on Monday, July 8, preparations were perfected to do so. That night diarrhœa set in, and our patient died on July 10, about four o'clock P. M. A *post-mortem* was held immediately by Dr. Davis and myself. We found all the organs healthy but the stomach and duodenum. These we removed, and on opening them we found two bundles of snuff-brushes. At the cardiac end was a black bundle in the

centre of which were two rags, each the length and width of the middle finger. At the pyloric end was a larger bundle, about the color of woody fibre. Running through the centre of this bundle from end to end were two rags of common domestic; these rags extended into the duodenum about twelve inches, and matted to them were thread and twine. They were very yellow, made so no doubt by the bile. The gall-bladder was as hard as a stone and was filled with dried bile. The length of the rags, twine and thread would certainly measure more than thirteen feet. Each strip of rag was about eighteen inches long. The two balls turned the scales quick at a pound. She no doubt dipped snuff with the rags, in the absence of a brush, chewed them up and swallowed them as she did the brushes. The rags formed the nucleus of each ball. The fibres of the brushes were parallel to each other, probably arranged so by the motion of the stomach. She had suffered with dyspepsia for eight years. She died in great agony, and was able to help herself up to the last moment of life.

FOREIGN CORRESPONDENCE.

BERLIN LETTER.

(FROM OUR SPECIAL CORRESPONDENT.)

BERLIN, June 1, 1889.

Antiseptic Precautions in the Charité.—The Wonderful Achievements of Ichthyol.—Dilatation of the Œsophagus. — Alleged Vomiting of a Piece of Gastric Mucous Membrane.—Mendel's View of the Therapeutic Value of Hypnotism.—"Deltrem."

Though surgery without antisepsis is to-day fortunately a thing of the past, there is, nevertheless, a great difference between general antiseptic measures and rigid antiseptic precautions, observed in the smallest of details, as practised in the surgical wards of the Royal Charité, at Berlin. It is asserted that ever since the introduction of the rigorous antiseptic regimen into the Charité, the showing of the operations performed in that institution is a remarkably gratifying one. It will no doubt interest the American practitioners to learn the exact *modus operandi* of the antiseptic plan adopted by Prof. Bardeleben, in the surgical department of the Berlin University Hospital. Every patient who is to be operated upon receives immediately before the operation a full bath and a thorough cleansing with soap and brush. After the induction of anæsthesia the part to be operated upon is shaved, cleansed again with warm water and soap, dried with sterilized towels, and washed first with alcohol and then with a one-half per cent. solution of corrosive sublimate. If the skin is very fat ether is also used together with alcohol. Bardeleben exercises particular care regarding the antiseptic cleansing of the hands, as he has always viewed the surgeon's hand as one of the principal carriers of infection. In addition, the entire neighborhood of the field of operation is treated with a one-half per cent. solution of corrosive sublimate and dried with previously sterilized towels. Even the fore-arms of the patient are cleansed antiseptically to prevent the touching of an impure portion of the body if the pulse should be felt. The surgeons themselves never carry their coats into the wards, but appear in the operating rooms with white linen gowns reaching almost down to the ankle, and opening behind. To complete their resemblance to butchers, they carry on their left side what from a distance might be taken for a knife with a black leather sheath, but is in reality a harmless stethoscope. Every forenoon there is a general disinfection of the surgeons' and nurses' coats, of all towels, bed-clothes, brushes and dressing materials. To effect this sterilization, the apparatus devised by Henneberg and Rietschel, and described by Esmarch,[1] is used. The articles mentioned are exposed for thirty minutes to the action of steam at the temperature of 212°. The brushes are then placed in a well-closed glass vessel, filled with a one per cent. solution of corrosive sublimate. As can be expected, special care is bestowed upon all instruments used in the surgical wards of the Charité. If possible, all instruments are constructed of a single piece, to facilitate their cleaning. They are kept in a closed cupboard on glass shelves, and are immersed one-quarter hour before the operation into a three per cent. solution of carbolic acid. After use the instruments are cleaned with soap and boiling water. Catgut is kept in a five per cent. alcoholic solution of corrosive sublimate, the solution being removed several times, until it becomes clear. The silk used for sutures is sterilized in a small

[1] *Vide* Koch und Flügge's *Zeitschrift für Hygiene*, Vol. II, p. 342.

steam apparatus, rolled up, exposed again to a steam bath, dried under a glass cover by the action of sulphuric acid, and then placed in a closed box filled with camphor.

Wounds are left open as short a time as possible. They are closed with sterilized gauze immersed in a weak solution of corrosive sublimate. During an operation, every bleeding vessel—no matter whether artery or vein, large or small, is tied with catgut. The wound is dried with sterilized gauze and then treated with a warmed one-half per cent. solution of corrosive sublimate. I shall in some future letter present some other interesting features of the Charité.

Among the remedies belonging to the routine practice of the German surgeon is one which in America, though well-known, is strangely but little used, viz., ichthyol. Conversing with one of the greatest of Berlin surgeons about ichthyol the other day, I heard the following remark: "I would rather do without iodoform than without ichthyol." The history of ichthyol is very interesting. A Hamburg teacher of chemistry, Herr Schröder, was sent to the Tyrol to ascertain the character of a mine bought by a Hamburg company. He found the mine worthless, but learned during his stay in that locality of a petrified fish which was used by the peasants for the cure of all imaginable ills. He took a specimen of the mineral bearing the fossil fish home, and soon found that by subjecting it to a dry distillation with sulphuric acid he could extract an oily liquid which was exceedingly rich in sulphur.

Speaking of the therapeutic work of ichthyol, it is really much easier to name the affections in which ichthyol is useless than those in which it proves beneficial. Prof. Nussbaum, of Munich, who is regarded as a skeptic in therapeutics, says: "It is the misfortune of the young remedy to be so useful in so many and so diverse ailments." I will not speak of the value of ichthyol in skin diseases, but refer those interested in this matter to Unna's "Fortschritte in der Behandlung von Hautkrankheiten" (Progress in the Treatment of Skin Diseases). Internally, ichthyol is in Germany regarded as a reliable remedy in all forms of rheumatism and gout. Locally, it acts as a hemostatic, astringent, interstitial absorbent, and general alterative. Ichthyol is a blessing in painful acute swellings following injury, especially in joints. Rubbed into the part (in conjunction with lanolin) twice or three times, it never fails to bring about immediate relief. The same is true of articular rheumatic swellings, though in these cases the alcoholic-ethereal solution is preferable. In burns ichthyol is, in the opinion of many German surgeons, superior to iodoform, over which it has besides the great advantage of being absolutely harmless. A very singular action of ichthyol is its power to convert fatty tissues into purulent ones. A lipoma treated for a week or two with daily applications of the alcoholic-ethereal solution of ichthyol will be transformed ultimately into an ordinary abscess, which opens spontaneously or on the slightest surgical interference. Given internally, the drug, possibly owing to its richness in sulphur, acts as a powerful alterative. True, ichthyol has an unpleasant odor and taste, but, as in the case of cod-liver oil, persons in time not only overcome their dislike of the drug, but become even fond of it. Besides, given in pills (possibly keratin-coated), or capsules, the drug is easy enough to take. The recent publications of Drs. von Hoffmann and Lange, of Baden-Baden, in the *Therapeutische Monatshefte*, May, 1889, show that ichthyol is a superior remedy in gastric catarrh marked by eructations, flatulence, and tympanitis. The powerful alterative action of ichthyol asserts itself especially in the numerous scrofulous disorders of country-children, caused by over-feeding with canned victuals, unripe fruit, and similar indigestible stuffs. The child receiving as many drops of the alcoholic-ethereal solution as it is years old, will soon lose its lymphatic swellings, eczematous eruptions and other scrofulous symptoms.

At the last meeting of the Berlin Medical Society, Prof. Ewald showed a specimen of dilatation of the œsophagus, while below it was found a stenosis; whereas, as a rule, just the reverse is the case. The dilatations of the œsophagus are usually secondary in nature, the result of a stricture of the same organ. There are, however, some cases recorded in literature in which the dilatation was primary in consequence of an innate or acquired muscular atony, an injury, or some irritating foreign body. The specimen in question was taken from a man, 60 years of age, suffering from a carcinoma of the œsophagus. The dilatation is just below the stenosis caused by the neoplasm. Below the growth the mucous membrane is com-

pletely destroyed and the muscular elements are atrophied. The question naturally arises, how has this dilatation been formed? The single parts of the œsophagus contract periodically so as to form a wave-like peristalsis from above downward. Besides, it is known that the ingested matters remain some time in the lower portion of the œsophagus, whence, by a contraction of the part, they are carried into the stomach. This contraction having been impossible in the case in question, on account of the degeneration of the œsophageal walls, the ingesta were retained unduly long in the lower portion of the œsophagus and finally led to a dilatation.

Prof. Ewald presented at the same meeting a woman who, after severe gastralgic pains and hematemesis had vomited what was pronounced a piece of gastric mucous membrane. A microscopic examination, however, proved that the vomited matter consisted of vegetable constituents and no doubt belonged to some fruit which had lodged in the stomach a long time, and by an adhesive inflammation had become firmly fixed in the gastric wall.

Prof. Mendel gave at the same meeting an exposition of his views on the therapeutic value of hypnotism, which was listened to with great attention. Mendel has himself employed hypnotism as a therapeutic agent since 1881, and believes the time has come to formulate definite views on its therapeutic worth. While he does not reject this mysterious agent altogether, he nevertheless insists on a great restriction of its indications. Hypnotism creates an acute morbid disturbance in the functional activity of the cerebral cortex, which, as his own experience has shown, may give rise to very serious disorders. He therefore recommends caution in the employment of hypnotism. He recalls cases in his own practice in which the induction of hypnotism led to serious paroxysms of hysteria and epilepsy, which previously had not existed at all. The frequent exhibition of hypnotism may even lead to what might properly be termed "hypnotismania," *i. e.*, a nervous disturbance which can be relieved only by the constant induction of hypnotism. It cannot, however, be denied that in many instances hypnotism has given excellent results, and that by its aid disorders have disappeared which previously yielded to no other treatment. But in all these cases relapses have been so frequent that the benefits derived from this treatment appear after all but of a doubtful nature. We can say, therefore, that hypnotism, though often able to remove the symptoms of a disorder, proves nevertheless seldom a cure. Mendel's belief in the therapeutic power of hypnotism has diminished from year to year, and he can only coincide with the view entertained at present by Charcot, that *hypnotism is worthy of a trial only after all other methods of treatment have failed.*

In this connection, I shall relate an interesting little experiment from the domain of hypnotism, of which I read some time ago in a medical journal. A German physician was traveling in the cars with two friends of his, one of whom he had formerly cured of a rheumatic affection of the right leg by the aid of hypnotic suggestion. This friend of the physician suddenly falling asleep, the latter endeavored to change his natural sleep into an hypnotic state. He passed his hands very gently three times over the leg of the sleeper, just as he had done previously in the course of his hypnotic treatment, and brought his arm into an horizontal position. The arm remained in that position. The physician then suggested to his friend that the latter was asleep, and had to continue sleeping until a certain station was reached. He also suggested to the sleeper that the latter had borrowed of him five dollars, which must be returned at the dinner-table with an appropriate apology. The sleeper promised to do everything as he was bidden. He awoke punctually at the station mentioned, and returned the borrowed money at dinner with a graceful apology. In this case the recollection of the gentle stroking during the treatment had been sufficient to change the physiological sleep into the hypnotic state.

In concluding my letter, the following humorous little incident from the Charité may find a place. A woman presented her husband for treatment at the polyclinic of a Berlin professor, who enjoys a world-wide reputation. At the question of the Professor, what the ailment of her husband was, the woman said he was suffering with another relapse of "del-trem." The Professor showed manifest symptoms of consternation and confusion. "Deltrem," he said; "well, well; how long has he had it?" he finally stammered.

It was clear that the distinguished clinician, medical teacher and diagnostician, who had published a system of internal

medicine, was puzzled by the diagnosis of a dispensary visitor. An assistant of the Professor finally came to his rescue and explained that the patient had been treated repeatedly at the Charité for *delirium tremens*. The woman had at some former occasion seen the diagnosis "del. trem." on the slate above her husband's bed in the hospital, and had ever since recollected her husband's ailment under the name of "deltrem."

PERISCOPE.

Cutaneous Injection of Liquid from the Testicles of Animals.

BY DR. BROWN-SÉQUARD, F. R. S., ETC.

On the 1st of June last I made at the Société de Biologie of Paris a communication on the above subject, which was published in the *Comptes Rendus* of that Society on June 21 (No. 24). I will give here a summary of the facts and views contained in that paper and in two subsequent ones, adding to them some new points.

There is no need of describing at length the great effects produced on the organization of man by castration, when it is made before the adult age. It is particularly well known that eunuchs are characterized by their general debility and their lack of intellectual and physical activity. There is no medical man who does not know also how much the mind and body of men (especially before the spermatic glands have acquired their full power, or when that power is declining in consequence of advanced age) are affected by sexual abuse or by masturbation. Besides, it is well known that seminal losses, arising from any cause, produce a mental and physical debility which is in proportion to their frequency. These facts and many others have led to the generally admitted view that in the seminal fluid, as secreted by the testicles, a substance or several substances exist which, entering the blood by resorption, have a most essential use in giving strength to the nervous system and to other parts. But if what may be called spermatic anæmia leads to that conclusion, the opposite state, which can be named spermatic plethora, gives as strong a testimony in favor of that conclusion. It is known that well-organized men, especially from twenty to thirty-five years of age, who remain absolutely free from sexual intercourse or any other causes of expenditure of seminal fluid, are in a state of excitement, giving them a great, although abnormal, physical and mental activity. These two series of facts contribute to show what great dynamogenic power is possessed by some substance or substances which our blood owes to the testicles.

For a great many years I have believed that the weakness of old men depended on two causes—a natural series of organic changes and the gradually diminishing action of the spermatic glands. In 1869, in a course of lectures at the Paris Faculty of Medicine, discussing the influence possessed by several glands upon the nervous centres, I put forward the idea that if it were possible without danger to inject semen into the blood of old men, we should probably obtain manifestations of increased activity as regards the mental and the various physical powers. Led by this view, I made various experiments on animals at Nahant, near Boston (United States), in 1875. In some of those experiments, made on a dozen male dogs, I tried vainly, except in one case, to engraft certain parts or the whole body of young guinea-pigs. The success obtained in the exceptional case served to give me great hopes that by a less difficult process I should some day reach my aim. This I have now done. At the end of last year I made on two old male rabbits experiments which were repeated since on several others, with results leaving no doubt as regards both the innocuity[1] of the process used and the good effects produced in all those animals. This having been ascertained, I resolved to make experiments on myself, which I thought would be far more decisive on man than on animals. The event has proved the correctness of that idea.

Leaving aside and for future researches the questions relating to the substance or substances which, being formed by the testicles, give power to the nervous centres and other parts, I have made use, in subcutaneous injections, of a liquid containing a small quantity of water mixed with the three following parts: first, blood of the testicu-

[1] This innocuity was also proved on a very old dog by twenty subcutaneous injections of a fluid similar to that I intended to employ on myself. No apparent harm resulted from these trials, which were made by my assistant, Dr. D'Arsonval.

lar veins;[1] secondly, semen; and thirdly, juice extracted from a testicle, crushed immediately after it has been taken from a dog or a guinea-pig. Wishing in all the injections made on myself to obtain the maximum of effects, I have employed as little water as I could. To the three kinds of substances I have just named, I added distilled water in a quantity which never exceeded three or four times their volume. The crushing was always done after the addition of water. When filtered through a paper filter, the liquid was of a reddish hue and rather opaque, while it was almost perfectly clear and transparent when Pasteur's filter was employed. For each injection I have used nearly one cubic centimetre of the filtered liquid. The animals employed were a strong, and, according to all appearances, perfectly healthy dog (from two to three years old), and a number of very young or adult guinea-pigs. The experiments, so far, do not allow of a positive conclusion as regards the relative power of the liquid obtained from a dog and that drawn from guinea-pigs. All I can assert is that the two kinds of animals have given a liquid endowed with very great power. I have hitherto made ten subcutaneous injections of such a liquid—two in my left arm, all the others in my lower limbs—from May 15 to June 4 last. The first five injections were made on three succeeding days with a liquid obtained from a dog. In all the subsequent injections, made on May 24, 29, and 30, and June 4, the liquid used came from guinea-pigs. When I employed liquids having passed through Pasteur's filter, the pains and other bad effects were somewhat less than when a paper filter was used.

Coming now to the favorable effects of these injections, I beg to be excused for speaking so much as I shall do of my own person. I hope it will easily be understood that, if my demonstration has any value—I will even say any significance—it is owing to the details concerning the state of my health, strength, and habits previously to my experiments, and to the effects they have produced.

I am seventy-two years old. My general strength, which has been considerable, has notably and gradually diminished during the last ten or twelve years. Before May 15 last, I was so weak that I was always compelled to sit down after half an hour's work in the laboratory. Even when I remained seated all the time, or almost all the time, in the laboratory, I used to come out of it quite exhausted after three or four hours' experimental labor, and sometimes after only two hours. For many years, on returning home in a carriage by six o'clock after several hours passed in the laboratory, I was so extremely tired that I invariably had to go to bed after having hastily taken a very small amount of food. Very frequently the exhaustion was so great that, although extremely sleepy, I could not for hours go to sleep, and I only slept very little, waking up exceedingly tired.[1]

The day after the first subcutaneous injection, and still more after the two succeeding ones, a radical change took place in me, and I had ample reason to say and to write that I had regained at least all the strength I possessed a good many years ago. Considerable laboratory work hardly tired me. To the great astonishment of my two principal assistants, Drs. D'Arsonval and Hénocque, and other persons, I was able to make experiments for several hours while standing up, feeling no need whatever to sit down. Still more: one day (the 23d of May), after three hours and a quarter of hard experimental labor in the standing attitude, I went home so little tired that after dinner I was able to go to work and to write for an hour and a half a part of a paper on a difficult subject. For more than twenty years I had never been able to do as much.[2] From a natural impetuosity, and also to avoid losing time, I had, till I was sixty years old, the habit of ascending and descending stairs so rapidly that my move-

[1] For reasons I have given in many lectures in 1869 and since, I consider the spermatic as also the principal glands (kidneys, liver, etc.) as endowed, besides their secretory power, with an influence over the composition of blood, such as is possessed by the spleen, the thyroid, etc. Led by that view, I have already made some trials with the blood returning from the testicles. But what I have seen is not sufficiently decisive to be mentioned here.

[1] I ought to say that, notwithstanding that dark picture, my general health is and has been almost always good, and that I had very little to complain of, excepting merycism and muscular rheumatism.

[2] My friends know that, owing to certain circumstances and certain habits, I have for thirty or forty years gone to bed very early and done my writing work in the morning, beginning it generally between three and four o'clock. For a great many years I had lost all power of doing any serious mental work after dinner. Since my first subcutaneous injections I have very frequently been able to do such work for two, three, and one evening for nearly four hours.

ments were rather those of running than of walking. This had gradually changed, and I had come to move slowly up and down stairs, having to hold the banister in difficult staircases. After the second injection I found that I had fully regained my old powers, and returned to my previous habits in that respect.

My limbs, tested with a dynamometer, for a week before my trial and during the month following the first injection, showed a decided gain of strength. The average number of kilogrammes moved by the flexors of the right forearm, before the first injection was about 34½ (from 32 to 37), and after that injection 41 (from 39 to 44), the gain being from 6 to 7 kilogrammes. In that respect the forearm flexors re-acquired, in a great measure, the strength they had when I was living in London (more than twenty-six years ago). The average number of kilogrammes moved by those muscles in London in 1863[1] was 43 (40 to 46 kilogrammes).

I have measured comparatively, before and after the first injection, the jet of urine in similar circumstances—*i. e.*, after a meal in which I had taken food and drink of the same kind in similar quantity. The average length of the jet during the ten days that preceded the first injection was inferior by at least one-quarter of what it came to be during the twenty following days. It is therefore quite evident that the power of the spinal cord over the bladder was considerably increased.

One of the most troublesome miseries of advanced life consists in the diminution of the power of defecation. To avoid repeating the details I have elsewhere given in that respect, I will simply say that after the first days of my experiments I have had a greater improvement with regard to the expulsion of fecal matters than in any other function. In fact a radical change took place, and even on days of great constipation the power I long ago possessed had returned.

With regard to the facility of intellectual labor, which had diminished within the last few years, a return to my previous ordinary condition became quite manifest during and after the first two or three days of my experiments.

It is evident from these facts and from some others that all the functions depending on the power of action of the nervous centres, and especially of the spinal cord, were notably and rapidly improved by the injections I have used. The last of these injections was made on June 4, about five weeks and a half ago. I ceased making use of them for the purpose of ascertaining how long their good effects would last. For four weeks no marked change occurred, but gradually, although rapidly, from the 3d of this month (July) I have witnessed almost a complete return of the state of weakness which existed before the first injection. This loss of strength is an excellent counter-proof as regards the demonstration of the influence exerted on me by the subcutaneous injections of a spermatic fluid.

My first communication to the Paris Biological Society was made with the wish that other medical men advanced in life would make on themselves experiments similar to mine, so as to ascertain, as I then stated, if the effects I had observed depended or not on any special idiosyncrasy or on a kind of auto-suggestion without hypnotization, due to the conviction which I had before experimenting that I should surely obtain a great part at least of these effects. This last supposition found some ground in many of the facts contained in the valuable and learned work of Dr. Hack Tuke on the "Influence of the Mind over the Body." Ready as I was to make on my own person experiments which, if they were not dangerous, were at least exceedingly painful, I refused absolutely to yield to the wishes of many people anxious to obtain the effects I had observed on myself. But, without asking my advice, Dr. Variot, a physician who believed that the subcutaneous injections of considerably diluted spermatic fluid[1] could do no harm, has made a trial of that method on three old men—one fifty-four, another fifty-six, and the

[1] I have a record of the strength of my forearm, begun in March, 1860, when I first established myself in London. From that time to 1862 I occasionally moved as much as 50 kilogrammes. During the last three years the maximum moved was 38 kilogrammes. This year, previously to the first injection, the maximum was 37 kilogrammes. Since the injection it has been 44.

[1] In my third communication at the Biological Society, I said that both the intense pain each injection has caused me and the inflammation it has produced would be notably diminished if the liquid employed were more diluted. The three cases of Dr. Variot have proved the exactitude of my statement. He made use of a much larger amount of water, and his patients had to suffer no very great pain and no inflammation.

third sixty-eight years.[1] On each of them the effects have been found to be very nearly the same as those I have obtained on myself. Dr. Variot made use of the testicles of rabbits and guinea-pigs.

These facts clearly show that it was not to a peculiar idiosyncrasy of mine that the effects I have pointed out were due. As regards the explanation of those effects by an auto-suggestion, it is hardly possible to accept it in the case of the patients treated by Dr. Variot. They had no idea of what was being done; they knew nothing of my experiments, and were only told that they were receiving *fortifying* injections. To find out if this qualification had anything to do with the effects produced, Dr. Variot, since the publication of his paper, has employed similar words of encouragement, whilst making subcutaneous injections of pure water on two other patients, who obtained thereby no strengthening effect whatever.[2]

I believe that, after the results of Dr. Variot's trials, it is hardly possible to explain the effects I have observed on myself otherwise than by admitting that the liquid injected possesses the power of increasing the strength of many parts of the human organism. I need hardly say that those effects cannot have been due to structural changes, and that they resulted only from nutritive modifications, perhaps in a very great measure from purely dynamical influences exerted by some of the principles contained in the injected fluid.

I have at present no fact to mention which might serve to solve the question whether it would be possible or not to change structurally muscles, nerves, and the nervous centres by making during a good many months frequent injections of the fluid I have used. As I stated at the Paris Biological Society, I have always feared, and I still fear, that the special nutritive actions which bring on certain changes in man and animals, from the primitive embryonal state till death by old age, are absolutely fatal and irreversible. But in the same way that we see muscles which have from disease undergone considerable structural alterations regain sometimes their normal organization, we may, I believe, see also some structural changes not essentially allied with old age, although accompanying it, disappear to such a degree as to allow tissues to recover the power they possessed at a much less advanced age.

Whatever may be thought of these speculations, the results I have obtained by experiments on myself and those which have been observed by Dr. Variot on three old men, show that this important subject should be further investigated experimentally.—*Lancet*, July 20, 1889.

[1] The paper of Dr. Variot and my remarks upon it have appeared in the "Comptes Rendus de la Société de Biologie," No. 26, 5 Juillet, 1889, pp. 451 and 454.

[2] Since writing the above I have received a letter from Dr. Variot announcing that, after injecting the liquid drawn from the testicles into these two individuals, he has obtained the same strengthening effects I have myself experienced.

Disappearance of Cholera from Europe and America.

Dr. Smith, Health Officer of New York, in his annual report to the Commissioners of Quarantine, refers to the disappearance of cholera from Europe and America. He says the confident prediction which was frequently made by wiseacres during the winter of 1887–88 and until the spring of 1888 was well advanced—that the germs of the disease among the passengers of the "Alesia" and "Britannia" in the fall of 1887 had escaped with the baggage when the immigrants were released from quarantine, and would be propagated the ensuing summer until the disease developed into epidemic proportions—has not been fulfilled. The history of this terrible disease since its first advent in Europe in 1829–30 warranted the suspicion that its arrival at our quarantine was the forerunner and herald of a disastrous epidemic of cholera throughout our country. There are but few instances in the history of this disease in which it has not become epidemic in a country soon after it appeared at its threshold. Dr. Smith gives the following interesting history of the cholera during recent years:—

"In 1882 cholera commenced its deadly march from its home in the Ganges. Its first attack was upon Aden on the Red Sea. Early in 1883 it appeared at Damietta in Egypt, and in June of that year reached Cairo, and subsequently extended to most of the cities and towns of Lower Egypt. Those familiar with the history of cholera then confidently predicted its speedy advent in Europe. These predictions were fulfilled early in the ensuing summer. The first victims of the disease in Europe were at Toulon in the early part of June, 1884. It reached

Marseilles the 28th of the same month, and in a few weeks decimated all the towns in the south of France. Although the Italian authorities on the boundaries between France and Switzerland attempted to stay the progress of the epidemic by imposing the most rigid system of quarantine of all persons and things from infected localities, the disease had passed all sanitary cordons before the end of August, and was numbering its victims daily by hundreds in various parts of Italy. Despite every effort of the health authorities, it crossed the Pyrenees early in 1855, and began the work of destruction in Spain. Before the close of the year it had counted more than a hundred thousand victims in that country. The year following (1886), a passenger-steamer with Italian immigrants landed the pestilence at Rosario, in South America. The *cordon sanitaire* established in the passes of the Andes by the States of the west coast of South America did not prevent the disease from reaching and ravaging many of the great cities and towns on the western coast. Sept. 23, 1887, and again in the month following, cholera sought to invade our country through Italian immigrants, as it had done in South America the year previous. The story of its advent, arrest, and destruction at quarantine, has been told in my report for 1887. In the five previous invasions of Europe by this disease during the present century, it had succeeded in every instance in reaching our shores, and developing into epidemic proportions. The failure of the pestilence to secure a foothold in our country last year was a triumph, but under difficulties such as the quarantine officials at this port, it is hoped, may not again be called upon to encounter."

Syphilis and Marriage.

At a meeting of the Nottingham Medico-Chirurgical Society, May 31, 1889, Mr. Lawson Tait opened a discussion on syphilis in relation to marriage. He cited many cases of medical men who had had syphilis, and who had subsequently married, their wives and children being in all cases perfectly healthy. This and other evidence was adduced to show that syphilis was to all intents and purposes a curable disease. Mr. Tait considered that the germ theory of disease had assumed too great an importance in etiology. He insisted on the serious nature of gonorrhœa, and expressed the opinion that its after-effects were fraught with greater danger than those of syphilis. The President, Dr. H. Handford, agreed with Mr. Tait in thinking that syphilis was now milder than in past generations, and alluded to the well-established fact that the disease manifested symptoms much less severe when occurring among the denizens of West End clubs in London than when seen in the Eastern slums. Dr. Newman, of Stamford, maintained that accurate knowledge of family histories, extending over one or more generations, must be appealed to, and insisted on the necessity of careful inquiry before giving advice as to marriage.

Dr. Bell Taylor said worm-eaten skulls and other grave sequelæ were matters of past history. He quoted the statistics of our own army and navy to prove that even the more or less unimportant complaint met with nowadays was rarely transmitted to wives and children. He agreed with Mr. J. Hutchinson that not more than one in five thousand of our population show symptoms of hereditary disease, and expressed a wish that several other diseases of commoner occurrence were as directly amenable to treatment as syphilis.

After some remarks by Dr. Brookhouse and Dr. Elder, Mr. Snell, speaking from his experience as a public vaccinator, said he had found syphilis among the commonest, most deadly, and least amenable to treatment of all children's maladies among the poor. With regard to adults, he was disposed to agree with Dr. Gowers that, given a man with a history of acquired syphilis, only sufficient duration of life was required to develop the tertiary malady.—*British Med. Journal*, June 22, 1889.

Resistance of the Poison of Rabies.

Ivo Novi (in some investigations conducted in the physiological laboratory at Bologna (*Reforma Medica*, No. 288, 289, 1888), found a large number of maggots in the cranial cavity of a rabbit that had died of paralytic rabies after subdural injection with the virus, and had lain four days after death, at summer heat, with the hole in its skull open. Several of the maggots were taken and rubbed up with water, and another rabbit injected under the dura with the solution. The animal died of rabies. The poison of rabies was therefore not destroyed in the bodies of the maggots.—*Deutsche med. Wochenschrift*, May 30, 1889.

THE
MEDICAL AND SURGICAL
REPORTER.

ISSUED EVERY SATURDAY.

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EDITOR AND PUBLISHER.

N. E. Cor. 13th and Walnut Streets,
P. O. Box 843. Philadelphia, Pa.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

THE THERAPEUTIC VALUE OF OXYGEN.

The powerful invigorating influence of oxygen on organic processes is well demonstrated by the following experiment: When an excised frog's heart is attached to a transfusion apparatus and is filled with fresh blood it registers strong, forcible beats, of equal elevation at first, on a revolving cylinder. This continues for a while, and then the traces become lower and lower, until, in the course of twenty or thirty minutes, the pulsations are reduced to a minimum and cease altogether. During the time in which the heart thus records its action, one can readily observe through its translucent walls that the blood loses the scarlet hue which it possessed at the beginning of the experiment, and gradually becomes darker and darker until the heart stops, when it is comparatively black or carbonized. If now this same blood is taken from the heart and shaken with oxygen, and reintroduced into the heart, the organ resumes its function as vigorously as before. An experiment of this kind may be repeated with the same heart for five or six hours in succession or even longer, and it fully illustrates that the physiological processes of the frog's heart are essentially dependent on a measurable supply of oxygen, and gives us good reason for believing that that which takes place here differs in no wise—at least so far as principle is concerned—from the processes of assimilation and nutrition which occur in the human body.

Clinically, oxygen is gaining in favor, and there can be no doubt that it is an agent of great value because its application rests on a sound physiological basis, as is indicated by the experiment to which reference has just been made. It has already proved itself very useful in diseases which are associated with profound depression of the vital forces, such as anæmia, gangrene, diabetes, Bright's disease, bronchitis, asthma, heart disease, and pulmonary consumption. That it sometimes disappoints in diseases in which it seems to have established a permanent reputation is quite true; but there is reason for believing that a great deal of this may be due to faulty administration. The respiratory surface of the human body is larger than necessary, and is therefore capable of furnishing more oxygen to the hæmoglobin from the atmosphere than is absorbed under ordinary atmospheric pressure. Hence under the same pressure no more oxygen would be absorbed if the gas were inhaled in a pure state than would be extracted from the surrounding air. Oxygen should therefore be inhaled under a slight pressure, and those who have used it in this way believe they secured the more favorable therapeutic results. This practice is also supported by the researches of P. Bert, who has found that oxygen absorption is en-

hanced when the body is immersed in condensed air.

Ordinary forced voluntary respiration produces a slight differential pressure between the air and the blood, and in this way produces similar results, though of a less marked character than those which are obtained by use of appliances which exercise direct pressure. Experience seems to show that oxygen may be profitably inhaled in a pure state, or may be mixed with air in varying proportions. When mixed with nitrous oxide its therapeutic properties are increased. On account of the special affinity of the latter agent for the nervous system it has the power of allaying irritability, of quieting cough, and of producing sleep—a virtue the effects of which cannot be overrated in the treatment of respiratory and circulatory affections.

INTERNATIONAL COURTESY.

In an editorial article entitled "An International Courtesy," the *British Med. Journal*, July 6, 1889, calls attention to the honors recently conferred upon Dr. J. S. Billings, by the University of Oxford, in recognition of his valuable work in the field of medical literature. The editorial contains a brief sketch of Dr. Billings life and describes his labors in connection with the Army Medical Museum, and the Surgeon General's Library and Catalogues in Washington.

In conclusion, the editorial says: "With such a record, it is not to be wondered that the University of Oxford, wherein all that Dr. Billings has done is well known to Sir Henry Acland, should have deemed him worthy of the high honor of its D. C. L., thus adding his name to those of Owen, Alison, Brodie, Milne-Edwards, Van der Hœven, Christison, Stokes, Jenner, Gross, Paget, Lister, Allen Thomson, William Farr, Simon, and others to whom she has given in the last few years her highest degree. Besides this honor, he already holds the honorary degrees of LL. D. Harvard, LL. D. Edinburgh, and M. D. Munich, and he is a member of the National Academy of Sciences in America, which may be in many respects compared to our Royal Society.

"How various are the ways by which scientific medicine is being advanced is plain enough to our readers. It is pleasant to think that the United States are advancing along the whole line of knowledge. It is of no small moment that Washington, but lately only a political capital, is becoming a centre of scientific biological effort, through the rapidly expanding National Museum, and the labors of Dr. Billings in the War Office. The probable effects cannot easily be overestimated. The problem of the future of the United States is one of the most interesting, as well as the newest, in the history of the human family. The modern appliances for material growth there seen have never in history been so rapidly developed, and we are glad that a firm grasp is likely to be taken by our American brethren of all of the circumstances that affect the progress of scientific, curative, and preventive medicine."

HYPNOTIC SUGGESTION AS A THERAPEUTIC MEASURE.

Within the past year there has been a good deal written and spoken in regard to the value of hypnotic suggestion as a therapeutic measure. The enthusiastic believers in the power of suggestion to influence physiological processes have produced considerable evidence apparently supporting the theory that by placing certain subjects in a state of hypnotism, it is possible to bring about alterations in their physical condition which are absolutely curative of a variety of diseases. On the other hand, those who cannot follow so far have intimated that delusion on one side and illusion on the other have been the most important factors in producing whatever results were claimed. As occurs in many cases, the truth probably lies some-

where between the two extremes of these two parties.

There can be no doubt that the hypnotic state is a condition in which the subject is especially amenable to influences which are likely to produce freedom from hallucinations of certain sorts by the substitution of hallucinations of another and more wholesome kind. In this way, it is conceivable that disorders dependent, for their causation or continuance, upon mental states may be bettered, although it is too much to expect that diseases accompanied by grave anatomical lesions could be so improved.

This is about the conclusion which has been arrived at by the members of the Berlin Medical Society, at a recent meeting, and which is confirmed by the opinion of M. Charcot, in a letter to the editor of the *Deutsche Med. Wochenschrift*, June 20, 1889. In this letter Charcot expresses the opinion that hypnotic suggestion is a method of treatment full of uncertainty, and sometimes full of danger. At times, and in purely subjective disorders, it seems to be available and useful; but in many cases it can do no more good than incantation. For this country, it has no recommendations whatever. It is a curious and hazardous experiment at best, and we may rest content to have it worked out to a conclusion somewhere else but here.

MILK ADULTERATION.

Within the past few days there has been a little stirring up of the officials of Philadelphia against the vendors of diluted milk. As physicians know, the objection against the surreptitious diluting of milk with water is, not only that it is a fraud, but also—and worse—that it may rob poor and feeble children of part of their needed food, and that it exposes all who use such milk to unusual risks of infection with disease.

The present activity on the part of the Philadelphia authorities, if consistently and persistently kept up, would result in great good to the community. The danger is, that it will be allowed to drop after a few petty fines have been collected, and that the old evil will soon start abroad again. One of the difficulties in prosecuting reforms in matters of this sort is that, while there is often an outcry for more stringent laws, those already on the statute book are not enforced. Wherever there is a law against adulteration, or watering of milk, and penalties attached to violating it—there, at any time, one faithful and efficient public officer could probably root out, or very much diminish, the evil.

On September 8, 1888, we called attention, in an Editorial, to the admirable work done, in this direction, in New York; and we can again commend the example then set to the imitation of other large towns. This would be a suitable field for the discreet activity of a live daily paper; and such activity would surely meet with the approval of medical men. The *Inquirer*, of Philadelphia, has made a beginning in attacking the evil of milk adulteration in this city, and we would be glad to see it go on until this evil is utterly wiped out.

DISGRACE IN MEDICAL JOURNALISM.

In another part of this number of the REPORTER we republish an article from the *Druggists' Circular*, entitled "Justifying a Fraud."

This article cites an example of a disgrace to medical journalism to which we have more than once alluded, namely the subserviency of the editorial work to the advertising department. The example is a flagrant one, but not surprising to those who have watched the career of the *Philadelphia Medical Times* since Dr. H. C. Wood ceased to edit it, and especially since it came under the control of the present editor of the *Times and Register*. When this new venture appeared, we stated (May 11, 1889) that "if its editor improves his new opportunity to show that he can produce a journal which will tend to elevate the standard of medical journalism, and not to debase it,

his venture will have our best wishes, and, we have no doubt, will meet with success." Since that time there has been no draft on our best wishes, and we believe no step toward success. The boast of a strong editorial staff, with which the amalgamated journal started, soon proved false; for within one week every name of its so-called collaborators was withdrawn—some for reasons which we think will not be published by the editor—and the old editorial methods of the *Times* have been continued without improvement.

The example cited by the *Druggists' Circular* could be paralleled by other public endorsements of pretentious preparations by the editor of the *Times and Register*, but it would be a waste of time to do this in view of his public avowal that "clap-trap" is legitimate in the practice of medicine and in the manufacture and sale of drugs.

When all physicians appreciate what this implies they will probably agree with us that such editorial methods are a disgrace to medical journalism, and that they deserve to be exposed and stigmatized by all honest men.

WHAT IS A HOMŒOPATH?

It is interesting to note that, at the last meeting of the American Institute of Homœopathy, which was held at Lake Minnetonka, Minn., a proposed amendment to the by-laws, by which future applicants for membership should be required to be "Believers in and practitioners of homœopathy," was defeated by seventy-six votes to thirty-four! This is a very curious commentary upon the pretensions of those practitioners of medicine who adhere to this trade-mark. There are some things which a proper exercise of charity and a due regard for the right of individual judgment require of the candid critic; but it is straining charity a little too much to expect any candid critic—who is not, at the same time, a very timid one—to condone such inconsistency as is displayed when the representative body of homœopaths declines to require of its members that they shall believe and practice what they profess.

In strange contrast to this is the dictum of Hahnemann: "Away with false doctors, who profess to be preservers of human life, but whose heads are filled with vain deceit!" It is curious, in reading the homœopathic journals published in this country, to see how they dodge around occurrences of this kind, and how entirely they fail to appreciate the moral aspect which they present to those who believe that the same principle should rule in medicine as rules in every other department of science or art.

STATE BOARDS OF HEALTH.

Most State Boards of Health seem to have a pretty hard time with the politicians. This is remarkable, in view of the well-known devotion of the average legislator to the cause of science and everything which works for the health of his constituents. In Illinois a strong effort was made recently to prevent the passage of the usual appropriation to the State Board of Health, and some of the newspapers of that State indulged in the most unwarranted abuse of Dr. Rauch, the well-known Secretary of the Board, whose labors in behalf of the elevation of the standard of the medical profession in Illinois, and for the benefit of the whole community, have secured for him the respect and admiration of almost all the physicians of this country.

For the present the attack on the Illinois Board of Health has not succeeded, but it is not unlikely that it will be renewed. In view of this probability, it is to be hoped that the physicians of Illinois will try to adopt some means besides passing resolutions to support their Board of Health, and to show their legislators that there is an influential class in the community interested in maintaining its existence and work.

In Kansas an extra session of the Legislature was recently convened to appoint a State veterinarian at a salary of $3,500,

while the last Senate voted to abolish the Board of Health, whose Secretary was receiving a salary of $2,000. This is the way in which the State Board of Health is looked upon in Kansas.

State Boards of Health are by no means infallible, and sometimes they do not accomplish as much as is expected of them; but it is safe to say that under the existing circumstances in this country, they do a great deal of valuable work for the citizens, so that their labors deserve to be heartily supported, and the field of their usefulness should be enlarged as much as possible.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

JAHRESBERICHT UEBER DIE FORTSCHRITTE AUF DEM GEBIETE DER GEBURTSHILFE UND GYNÄKOLOGIE (ANNUAL REVIEW OF PROGRESS IN THE FIELD OF OBSTETRICS AND GYNECOLOGY). Edited by PROFESSOR DR. FROMMELL, of Erlangen. First year. Review of the year 1887. 8vo, pp. iv, 553. Wiesbaden: J. F. Bergmann, 1888.

This "Jahresbericht," on the same excellent plan as the *Jahresbericht* of general medicine, by Virchow and Hirsch, is an example of the splendid contributions to scientific contemporary medicine which the Germans have successfully made up to the present time. In the preparation of the present volume, the Editor has had the collaboration of the following men, whose names are well known to those familiar with the literature of obstetrics and gynecology: Ahlfeld, of Marburg; Hofmeier and Bumm, of Würzburg; Loehlein, of Giessen; Sänger, of Leipzig; Schwarz, of Halle; Stumpf, of Munich; Veit, of Berlin; and Wyder, of Zürich. The book gives synopses of the vast number of papers, on the two subjects named, which appeared during the year 1887. These are presented in such compact and accessible form that the work is almost indispensable to the busy man, who desires to keep up with the most recent literature, but who lacks either the time or the ability to consult the original papers. It is to be hoped that this, the first volume, will be followed by many others of equal merit.

MEDICINE IN THE MIDDLE AGES. Extracts from "Le Moyen Age Médical," by DR. EDMOND DUPOUY. Translated by T. C. MINOR, M. D. 8vo, pp. 99. Cincinnati: Robert Clarke & Co., 1889.

This volume is a reprint of a series of translations contributed by Dr. Minor to the *Cincinnati Lancet-Clinic*, and published in that journal from December 1, 1888, to February 16, 1889. In the first part of the book the author gives an interesting but very brief account of Medicine in the Middle Ages, from the fourth to the seventeenth century, in which time the practice of medicine passed gradually from the hands of priests, midwives and barbers, and became recognized as a profession. Some useful information is given of the practice of the people of this age as regards bathing. The second chapter, on The Great Epidemics of the Middle Ages, is full of valuable information. The testimony adduced to prove the antiquity of syphilis and other venereal diseases seems to be conclusive. The third chapter treats of the Demonomania of the Middle Ages, and is instructive, especially to the psychologist and to the specialist in nervous disorders. The fourth chapter, on Medicine in the Literature of the Middle Ages, concludes the book. It contains extracts from a number of early writers, in which for the most part medical men do not appear to advantage.

As a whole, the book is readable and instructive. It shows the great progress which has been made since the middle ages in both the science and the art of medicine, and should be perused by every one who has an overweening fondness for praising the medicine of the ancients. The absence of an index impairs the usefulness of the book.

DISEASES OF WOMEN: A MANUAL OF NON-SURGICAL GYNECOLOGY DESIGNED ESPECIALLY FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. By F. H. DAVENPORT, A. B., M. D., Asst. in Gynecology, Howard Medical School, etc. 12mo, pp. xiv, 317. Illustrated. Philadelphia: Lea Brothers & Co., 1889. Price, $1.50.

This work is not intended to be a treatise upon gynecology, but "to give the student clearly, but with considerable detail, the elementary principles of the methods of examination, and the simple forms of treatment of the most common diseases of the pelvic organs; and, in the second place, to help the busy general practitioner to understand and treat the gynecological cases which he meets with in the course of his every-day practice." "Pathological anatomy has been left out." We believe, with the author, that there is need for a book having the scope of this one—perhaps with the addition of a succinct description of the pathology and etiology of the conditions considered—as the more cyclopedic works devoted to this subject contain much matter that is of interest only to the specialist.

Dr. Davenport is at his best in describing the methods of examination, the details of every-day treatment, and the manner of using those instruments which must be constantly used by one who treats the diseases of women. We cannot agree with him, however, in the advice which he gives on page 165, that it is wise to pass the probe in all cases, unless some contra-indication is found, such as recent cellulitis, pregnancy, etc. It is best for all practitioners to use the probe only after a thorough study of a case, and especially is this true for those who are not expert in making the bimanual examination. Otherwise abortion, or attacks of salpingitis and so-called metroperitonitis, will not infrequently result.

The chapters devoted to disorders of menstruation are perhaps the best in the book. Very plain directions are also given for the fitting of pessaries.

The local therapeutic measures described in this book are supposed to be carried out with the woman in Sims's position. This detracts from the value of the book, as general practitioners usually—and we think wisely—leave this awkard method to the few specialists who advocate it. The most serious criticism which we have to make is, that the author fails to appreciate the advances which have been made in the last ten

years in our knowledge of diseases of the uterine appendages, and the relation which these diseases bear to pelvic peritonitis, and displacements of the uterus. The views which are advanced in the book before us as to pelvic inflammation are those which were current ten years ago and not those of the present day.

These defects in Dr. Davenport's book it is our duty to point out to our readers, while, at the same time, we testify our appreciation of its good points, one of the best of which is the clear and satisfactory way in which the treatment of the various disorders considered is presented.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By JOSEPH LEIDY, M. D., LL. D., Professor of Human and Comparative Anatomy and Zoölogy in the University of Pennsylvania, etc. Second edition, rewritten. 8vo, pp. 24, 950; with 495 illustrations. Philadelphia: J. B. Lippincott Co., 1889. Price, cloth, $6.00.

This volume is not a compilation from the writings of other anatomists, but is in large measure the record of the personal work of a man who for nearly forty years has made a most thorough, careful and systematic study of anatomy. Dr. Leidy is deservedly eminent for his familiarity with all departments of the science of biology, and is perhaps better fitted than any man in this country to write a profound and exhaustive treatise on anatomy; although it is characteristic of the author that there is an entire absence of display of this learning in the present work. The students of the present day are to be congratulated on having presented to them in this "Anatomy" the ripest fruits of the author's study and observation, in language as simple and direct as it can well be made. The book is what its title indicates—an elementary treatise. All unnecessary words and details are avoided in description. Only one name for an organ or part is used, as a rule, and that one has been selected which has appeared to the author to be the simplest and most expressive of its character.

The book is admirably printed, in large clear type; the illustrations, many of which are original, are excellent; and the size and plan of the book make it desirable as a hand-book for students.

Dr. Leidy has continued, in the present edition, his effort to improve the nomenclature of anatomy by rendering names of foreign etymology into English, and by avoiding the use of names of persons in connection with the description of parts. In the latter effort he succeeds very well; in the former he fails, we think—as any one must—because a change of this sort is sometimes absolutely unattainable and sometimes impossible of attainment without the sacrifice of features quite as important as simplicity.

For example it is not a simplification but a perversion to change "*foramen*" into "window." The thing described as a foramen in anatomy is not a window—although window be a correct translation of the word. As "foramen," it is clear and unmistakable; as "window," it is confusing and suggestive of a misapprehension. This is a case in which the change cannot be an improvement because it does not really simplify. In other cases the changes suggested by Dr. Leidy do simplify, but at a sacrifice of the beauty of language. In other cases the attempt at simplification seems to have hesitated before the consequences of consistency and thoroughness, and we find hybrid terms, such as "long pollical flexor," "terete pronator," "minimal extensor," and "hallucal extensor." Such names are neither Latin nor English, nor are they as intelligible as they would be if left as generations of anatomists have put them, or if put into absolute English, as: the long flexor of the thumb, or great toe, or the round pronator (pronator cannot be translated in a word) and so on.

In regard to this feature of Dr. Leidy's book we cannot but think he has made a mistake. In every other regard it is one which will add to the lustre which already surrounds his name: a good, safe, honest book, which rests on a foundation of broad and sound learning, and many years of teaching.

LITERARY NOTES.

Owing to contemplated changes, the *Columbus* (Ohio) *Medical Journal* is for sale, at a bargain. The publishers state that they are prepared to show that it is desirable property. Here is another chance for the great absorber.

NOTES AND COMMENTS.

Justifying a Fraud.

One of the most striking instances of how low a physician, medical editor and professor can be debased by the improper influences of unprincipled manufacturers will be found in an article on page 278 of the Philadelphia *Times and Register* for July 20, 1889.

In this article on "A New View of a Certain form of Substitution," the editor in a labored argument tries to prove that the manufacturers of Febriline, which in our May number we showed to be a most pronounced fraud, were justified in deceiving physicians in regard to its composition. Febriline was put on the market as a tasteless preparation of quinine. Dr. Eccles showed that it had no quinine in it at all. The *Times and Register* concludes its argument for fraud in the drug business in the following ingenious but dishonest way: "Now, if it be pardonable to mystify a patient a little by a bit of clap-trap, and no physician can succeed who fails to array the mental forces of his patient on his side, is it not equally justifiable for the druggist to do the same to the physician, if the conditions are alike?"

We do not think that the whole history of medical journalism could show an instance similar to this; one in which fraud and deception are advocated in so barefaced and bold a manner by one who poses as a medical teacher and writer; and who ought to know better than to so insult physicians and druggists.

It would be interesting to know if the faculty and trustees of the Medico-

Chirurgical College of Philadelphia indorse this new movement, and if students at that college are to be taught that druggists and manufacturers are justified in using clap-trap and fraud to deceive physicians.

It would also be interesting to know if the subscribers and advertisers who are patronizing the *Times and Register* will approve of this "new view" to a sufficient extent to continue their support of a journal that openly advocates fraud and deception. —*Druggists' Circular*, August, 1889.

Pseudo-Hydrophobia.

In an interesting communication in the *Atlanta Med. and Surg. Journal*, July, 1889, Dr. H. McHatton, of Macon, Ga., writes as follows: In May of last year I had a so-called case of this disease, that in my estimation is a fair type of the majority of the cases that run through the daily papers in a sensational manner, as this one did. A planter of this city requested me to go to his place to see the case, saying that it had been so diagnosed by his neighboring physicians and a fatal prognosis given. I being unable to attend requested him to have the case brought to this city, and I would bear all expenses if it proved to be hydrophobia. Several days afterwards I heard a commotion at my office door, and was surprised to see three negro men bringing a small boy with his hands tied up in bags. This proved to be my case of hydrophobia, with the following history:

Negro boy, 11 years old, while kicking at a dog had his bare foot bitten; several days afterwards in play with some other children, he snapped at one of them. The cry of "gone mad" was immediately raised. For the next seven days he had from ten to twenty convulsions a day, and was tied or held most of the time; he was brought to me the 14th day after the bite and the seventh after the first convulsion. The wound on the foot had healed, and his general appearance was good. As soon as he got into the office a seizure began, and lasted about thirty minutes. There were contractions of all the limbs, but they were neither constant nor rhythmical; only the whites of the eyes were visible. The facial expression was sardonic; the mouth was full of froth; there was apparent loss of consciousness; still he bit and snapped at everything in his reach. Not allowing him to be held, I watched him through the entire seizure, and will say that it was anything but a pleasant sight. I prescribed fair doses of a bromide and an anthelmintic, with orders to use no force to restrain him, telling him that he was no more mad than I, and would soon be well. In three days his father returned, reporting that the day after leaving my office he had passed a large lumbricoid worm, and had only had a few slight convulsions since, all of these at the sight of a certain playmate. Bromides were continued, and he was told that the next convulsion would be the signal for a first-class whipping, which dose has never been required.

From close observation and considerable interest in this case, it is my honest opinion that had he remained in his first surroundings the boy would have died.

Treatment of Rattlesnake Bite.

Dr. S. Weir Mitchell contributes to the August *Century* a profusely illustrated article on "The Poison of Serpents," in which he says: "I am often asked what I would do if bitten while far from help. If the wound be at the tip of a finger, I should like to get rid of the part by some such prompt auto-surgical means as a knife or a possible hot iron affords. Failing these, or while seeking help, it is wise to quarantine the poison by two ligatures drawn tight enough to stop all circulation. The heart weakness is made worse by emotion, and at this time a man may need stimulus to enable him to walk home. As soon as possible some one should thoroughly infiltrate the seat of the bite with permanganate or other of the agents above mentioned. By working and kneading the tissues the venom and the antidote may be made to come into contact, and the former be so far destroyed. At this time it becomes needful to relax the ligatures to escape gangrene. This relaxation of course lets some venom into the blood-round, but in a few moments it is possible again to tighten the ligatures, and again to inject the local antidote. If the dose of venom be large and the distance from help great, except the knife or cautery little is to be done that is of value. But it is well to bear in mind that in this country a bite in the extremities rarely causes death. I have known of nine dogs having been bitten by as many snakes and of these dogs but two died. In India there would have been probably nine dead dogs."

Treatment of Dysentery.

Dr. L. H. Davis, of Harrisburg, Arkansas, writes to the *Memphis Medical Monthly*, May, 1889, stating that he has found the following combination for a suppository very efficacious in acute dysentery. He uses it after a saline aperient, and has found it more successful, in quite a number of cases, than any other treatment. He says it has proved especially applicable when an irritable stomach was present from the first, thus preventing the satisfactory use of ipecacuanha:

℞ Cupri sulphatis,
Zinci sulphatis,
Morphinæ sulphatis . . . . . aā gr. ij
Plumbi acetatis . . . . . gr. iv
Ol. theobrom . . . . . q. s.
M. Ft. suppos. No. viii.
Sig. One to be introduced as indicated, or after each action of the bowels.

He usually follows the saline by the internal administration of tincture of nux vomica and quinine, and a restricted diet.

Humorous View of a Physician's Life.

The life of a Dakota physician is graphically pictured in a paper contributed to the *Georgia Eclectic Medical Journal* by a man who practises medicine in Madison, South Dakota. The history of the medical work of two days during what he calls the dull season is very diverting. He has no hesitation in treating a case of erysipelas, seven miles away, on the patient's own diagnosis; cures "a stitch in the side" with "F. E. asclep. tub. ʒ ss;" braces up an old man with "snakes in the boots," so that he can attend his son's wedding; rescues several other patients from death's door; makes in one day five visits, one seventeen miles away; and attends to two office patients, and charges for the whole the moderate sum of fourteen dollars. But what is most impressive is his advice to young doctors about going to church—advice which is admittedly excellent and practical, but which places the duty of church going upon a rather singular basis. Indeed, the writer's state of mind suggests that of the young physician who is said to have hesitated whether he had better join a church or a fire engine company. Here is what the Dakota doctor says about it: "I went to church and Sunday school, and if any of you young M. D.'s do not attend S. S., you begin, as it will help you to a good class of patients, besides its grave duty as a gentleman and a man of education. I have a class of young misses, and am sure they help me to as many patients as any of my friends, besides, you had better be at church than hanging around the streets or saloons."—*Northwestern Lancet*, July 1, 1889.

Formula for Salicylic Acid in Skin Diseases.

Dr. Frank M. Scott, of Scandia, Kansas, writes to the *Medical Age*, May 10, 1889, that he has employed the following formula in a case of chronic eczema of the hands with marked success:

℞ Acidi salicylici . . . . . ʒij
Acidi borici . . . . . ʒiss
Sodii biborat . . . . . ʒij
Alcoholis,
Glycerini . . . . . aā q. s. ad fʒiij
M. et ft. lotio.

There was immediate improvement, and by sticking to the above treatment for three months, the patient's hands became comparatively well. Dr. Scott says that he has also found the combination useful in hyperidrosis—or hypertrophy of the sweat glands—of the palms of both hands, and in bromidrosis of the feet. He generally incorporates about ten drops of oil of bergamot with the formula, to give it an agreeable smell.

Aphorisms on Fracture Treatment.

Mr. Robert Jones, of Liverpool, says: that success in the treatment of fractures depends on early reduction of deformity; careful and accurate apposition; fixation of the fracture without undue pressure and interference with the circulation; appropriate continuance of restraint; no interference with the dressing when the patient is comfortable, without pain, the bones in good apposition and fixed.

Early reduction offers great advantage over delayed one, because the contours of the parts are least changed and apposition more easily and accurately effected.

Perfect fixation can be accomplished only by including the adjoining articulations. The material for fixation is optional, is available as long as it answers its purpose. Almost anything will do in the hands of a judicious surgeon. The dressing should be snug but not compressing. Flannel bandages

are more elastic and less shifting than muslin, and therefore preferable. Harness leather splints for the upper extremities are commendable, being cheap, pliable and obtainable everywhere. Metallic splints expressly made for the patient and of accurate fit, or plaster of Paris bandages strengthened by leather strips, doubly inclined apparatus for fractures of the thigh, without extension, will answer best. If harness leather is used, it should be softened in lukewarm water so as to render it more pliable. Hot water destroys the leather.

Too tight fracture dressing interferes with the nutritive supply, and the formation of callus; it may lead to decubitus and mortification of the limb.

Frequent disturbance of fracture dressing may prevent union, as we have seen it, and give rise to suits for malpractice.—*Medical Chips*, June, 1889.

Dr. McDow's Acquittal.

The acquittal of Dr. McDow, charged with the murder of Captain Dawson, of Charleston, S. C., was, in the opinion of some of our contemporaries, a clear miscarriage of justice. The fact that Captain Dawson was shot in the back and from above indicates that the shot could hardly have been fired in self-defence. Outside of the testimony relating to the crime itself, it appears that a physician, who had attempted to debauch a young woman, killed the man who reproached him with his crime and threatened him with punishment for it, and is acquitted amid the plaudits of his friends.

Dujardin-Beaumetz's Treatment of Diarrhœa.

In acute diarrhœas Dujardin-Beaumetz recommends the following treatment: Give every half-hour a tablespoonful of the following potion:

℞ Subnitrate of bismuth . . . . . ℥ iij
Sydenham's laudanum . . . . . f℥ iij
Infusion of spearmint . . . . . f℥ vj
Infusion of slippery elm . . . . f℥ ij
Syrup of rhatany, q. s. to make . f℥ iv

The diet should be confined during the attack to albuminated water (raw white of egg beaten up in cold water and sweetened to suit the taste), and in cases of great violence the treatment should be supplemented with enemata of starch and laudanum. The editor of the *National Druggist*, June 15, remarks with reference to this treatment that the egg-and-water diet will of itself arrest many cases of diarrhœa. In spite of its insipidity patients soon become fond of it, and will consume large numbers of eggs prepared in this manner daily. A little flavoring may be added should it pall upon the taste—a sprinkling of nutmeg or lemon-peel grated in is excellent.

Clysters of Narcotic Agents.

M. P. Vigier, says (*Union Pharmaceutique*) that in prescribing enemata for the purpose of producing sleep it is customary to use tincture of opium, hydrate of chloral, etc. The tincture of opium should be denarcotized; it is thus preferable to laudanum, as it calms, without producing the disagreeble sequelæ of the latter. Injections of chloral hydrate are frequently so painful and irritating as to prevent the end they were intended to accomplish. The previous injection of a few drops of denarcotized tincture of opium will usually prevent this. A better plan, however, is to prepare enemata of such hypnotics as chloral (30 grains), sulphonal (30 grains), or hypnone (15 or 20 minims) in a mixture of gum acacia and oil of sweet almonds, after the following formula:

℞ Hypnotic (as above).
Gum acacia, powdered . . . . . grs. xlv.
Oil of sweet almonds . . . . . f℥ iss.
Water . . . . . f℥ iv.

Mix the oil and gum in a mortar, add the hypnotic (if hypnone, add drop by drop), and then the water, little by little, using the pestle vigorously all the while. In five minutes a perfect emulsion will result, which will be found nearly or quite unirritating to the rectal mucosa.—*National Druggist*, June, 1889.

Hamamelis in Typhoid Fever.

At a recent meeting of the Chicago Pathological Society, Dr. John D. Skeer said that his last case of hemorrhage of the bowels yielded very readily to teaspoonful doses of the extract of hamamelis, given every fifteen or twenty minutes, together with hot clove tea and brandy. The hot pack was applied over the abdomen. The patient made a good recovery. The hamamelis seems to pass into the bowels more readily than any of the other astringents.

NEWS.

—Dr. R. J. Hall has resigned his position as Professor of Anatomy in the College of Physicians and Surgeons, New York.

—The twentieth annual session of the Medical Society of Virginia will convene in Roanoke, Va., commencing Tuesday, September 3, 1889.

—Dr. Smith, medical attendant at the leprosy lazaretto at Tracadiz, N. B., states that there are three distinct cases of leprosy on Cape Breton Island, N. S.

—Dr. Henry C. Coe has been appointed Professor of Gynecology in the New York Polyclinic, to fill the vacancy made by the death of Dr. James B. Hunter.

— Dr. A. E. Jones, of Cincinnati, familiarly known as Colonel Jones, was murdered by his colored hostler, July 27. The object of the murder seems to have been robbery, and its details are unusually atrocious.

—The seventh special meeting of the Fifth District Branch of the New York State Medical Association will be held in Port Jervis, Orange County, N. Y., August 27, 1889. A full and successful meeting is hoped for.

—The White Mountains Medical Society will hold its semi-annual meeting at Hanover, N. H., August 1 and 2, in conjunction with the Connecticut River Valley Medical Society and the White River Medical Society. Dr. G. W. McGregor will preside, and members of the faculty of Dartmouth Medical College will take part in the proceedings.

—There is some excitement in Pittston, Pa., over what are supposed to be insurance murder cases. The bodies of a man and his wife were exhumed from the Pittston Cemetery July 9, and a Philadelphia chemist is said to have discovered arsenic in the stomach of the woman. The other body has not been examined. The alleged murderers, a son of the murdered people and his wife, are in jail.

—The Pennsylvania State Pharmaceutical Board has issued a circular calling the attention of druggists who failed to register under the law of May 24, 1887, to the fact that the supplemental act, approved May 4, 1889, allowing ninety days from that date for the registration of those who failed to secure such registration under the original act, expires on August 2, and no extension of the time can be granted.

—At the last meeting of the Ontario Medical Association the following officers were elected:

President—Dr. J. Algernon Temple; Vice-Presidents—1st, Dr. Lundy, Preston; 2d, Dr. G. Shaw, Hamilton; 3d, Dr. K. N. Fenwick, Kingston; 4th, Dr. Hanley, Waubashene; General Secretary—Dr. D. J. Gibb Wishart, Toronto; Treasurer—Dr. E. J. Barrick, Toronto; and Assistant Secretary—Dr. W. P. Caven, Toronto.

—The American Association of Obstetricians and Gynecologists will hold its next annual meeting at the Burnet House, Cincinnati, September 17, 18, and 19, 1889. No formal invitations will be issued to non-members, but the Association extends a cordial invitation to such members of the profession as may feel interested, to attend the meeting and participate in the proceedings. The papers and discussions will embrace subjects pertaining to obstetrics, gynecology, and abdominal surgery.

—Reports to the State Board of Health of Michigan, for the week ending July 6, 1889, indicates that diarrhœa and cholera morbus increased, and bronchitis, intermittent fever, and tonsilitis decreased in area of prevalence.

At the State Capital the prevailing winds, for the week ending July 6, were southeast, and compared with the preceding week the temperature was higher, the absolute humidity and day ozone were more, the relative humidity was less, and the night ozone was the same.

—The tenth International Medical Congress, to be held at Berlin, will open August 4, 1890. The proceedings will terminate on August 9. A general meeting of representatives of all the medical faculties and societies in Germany has been called by Professors Virchow, von Bergmann, and Waldeyer. It will meet at Heidelberg on September 17, to discuss the arrangements to be made for the congress. Among those expected to be present at this conference are many well-known medical men of Germany. Among other names are those of von Ziemssen, Biermer, Czerny, von Zehender, Schwalbe, Lichtheim, Weigert, Trendelenburg, Mosler, Binz, Hegar, Leichtenstern, von Zenker, Schönborn, Naunyn, Graf, His, and Hitzig.